

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Council of Life Insurers Political Action Committee

ADDRESS (number and street)

101 Constitution Ave., NW

Suite 700

☐Check if different
than previously
reported. (ACC)

Washington

DC

20001

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00147066

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☒Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

11

01

2007

through

11

30

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mr. Donald L. Walker

Signature of Treasurer

Electronically Filed by Mr. Donald L. Walker

Date

12

17

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	1	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
1	1	3	0	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2007		35088.05
(b) Cash on Hand at Beginning of Reporting Period	22757.21	
(c) Total Receipts (from Line 19)	19001.65	306147.02
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	41758.86	341235.07
7. Total Disbursements (from Line 31)	22850.00	322326.21
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	18908.86	18908.86
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

Report Covering the Period:

From:

M M
1 1D D
0 1Y Y Y Y
2 0 0 7

To:

M M
1 1D D
3 0Y Y Y Y
2 0 0 7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	9205.20	91706.51
(i) Itemized (use Schedule A)		
(ii) Unitemized	3796.45	39940.51
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	13001.65	131647.02
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	6000.00	174500.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	19001.65	306147.02
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	19001.65	306147.02
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	19001.65	306147.02

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		14750.00	306776.21
24. Independent Expenditure (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs)		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		0.00	0.00
29. Other Disbursements.....		8100.00	15550.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share		0.00	0.00
(ii) "Levin" Share		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		22850.00	322326.21
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		22850.00	322326.21

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	19001.65	306147.02
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19001.65	306147.02
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 36

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Thomas E. Rattmann

Mailing Address 836 Overbrook Drive

City State Zip Code
Vestal NY 13850-2946

FEC ID number of contributing
federal political committee.

C

Name of Employer
Columbian Mutual Life Ins-
urance Compan

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 0 7

Transaction ID: 22096375

Amount of Each Receipt this Period

550.00

B. Full Name (Last, First, Middle Initial)
Mr. Richard E Bauer

Mailing Address 550 Bair Road

City State Zip Code
Berwyn PA 19312-1412

FEC ID number of contributing
federal political committee.

C

Name of Employer
Columbian Mutual Life Ins-
urance Compan

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 0 7

Transaction ID: 22096377

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. Gregory A. Hamilton

Mailing Address 8810 W. 147th Terrace

City State Zip Code
Overland Park KS 66221-2188

FEC ID number of contributing
federal political committee.

C

Name of Employer
Americo Financial Life and
Annuity Ins

Occupation
Vice President & Director, Investments

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 7 / 2 0 0 7

Transaction ID: 22133426

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial)

Ms. Cathy Ann Hunt

Mailing Address P.O. Box 563

City State Zip Code
 Platte City MO 64079-0563

FEC ID number of contributing
federal political committee.

C

Name of Employer
Great Southern Life Insurance Company

Occupation
Vice President, Compliance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 0 7 / 2 0 0 7

Transaction ID: 22133629

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr Jack L Fortini

Mailing Address 11428 W. 106th ST

City State Zip Code
 Overland Park KS 66214-2692

FEC ID number of contributing
federal political committee.

C

Name of Employer
Americo Financial Life and Annuity Ins

Occupation
Vice President, Counsel & Secretary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 0 7 / 2 0 0 7

Transaction ID: 22133630

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mr. William T. Marden

Mailing Address 13411 W. 128th Terrace

City State Zip Code
 Overland Park KS 66213-3840

FEC ID number of contributing
federal political committee.

C

Name of Employer
Americo Financial Life and Annuity Ins

Occupation
Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 0 7 / 2 0 0 7

Transaction ID: 22133631

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. James L. Anderson

Mailing Address P.O. Box 13487

City State Zip Code
 Kansas City MO 64199-3487

FEC ID number of contributing
federal political committee.

C

Name of Employer
Americo Financial Life and
Annuity Ins

Occupation
Senior Vice President, Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 0 7 / 2 0 0 7

Transaction ID: 22133632

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr. Mark K. Fallon

Mailing Address 2209 W. 126th Street

City State Zip Code
 Leawood KS 66209-1384

FEC ID number of contributing
federal political committee.

C

Name of Employer
Americo Life Insurance Co-
mpany

Occupation
Chief Financial Officer & Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 0 7 / 2 0 0 7

Transaction ID: 22133633

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mr. Gary L. Muller

Mailing Address P.O. Box 13487

City State Zip Code
 Kansas City MO 64199-3487

FEC ID number of contributing
federal political committee.

C

Name of Employer
Great Southern Life Insur-
ance Company

Occupation
President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 0 7 / 2 0 0 7

Transaction ID: 22133634

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Michael A. Merriman
Mailing Address 300 West 11th Street

City State Zip Code
Kansas City MO 64105-1618

FEC ID number of contributing
federal political committee.

C

Name of Employer
Americo Life Insurance Co-
mpany

Occupation
Chairman of the Board

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 7 / 2 0 0 7

Transaction ID: 22133640

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Mr. Ross L. Sargent
Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Senior Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.27

Date of Receipt

M M / D D / Y Y Y Y

Transaction ID: PR1120489712234

Amount of Each Receipt this Period

88.66

P/R Deduction (\$44.33 Sem-
i-Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Donald L. Walker
Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y

Transaction ID: PR1156427112234

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Sem-
i-Monthly)

SUBTOTAL of Receipts This Page (optional)

1188.66

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jean-Francois Poulin

Mailing Address 527 Bookbinder Way

City State Zip Code
 Lansdale PA 19446-4056

FEC ID number of contributing
federal political committee.

C

Name of Employer
London Life Reinsurance
Company

Occupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1415829612234

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Peter L. Tedone

Mailing Address 32 Lincoln

City State Zip Code
 Weatogue CT 06089-9780

FEC ID number of contributing
federal political committee.

C

Name of Employer
VantisLife Insurance Comp-
any

Occupation
President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.70

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1503560112234

Amount of Each Receipt this Period

126.90

P/R Deduction (\$42.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. Walter C. Welsh

Mailing Address 101 Constitution Ave, NW
 101 Constitution Ave, NW

City State Zip Code
 Washington DC 20001-2140

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.90

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1550105912234

Amount of Each Receipt this Period

309.90

P/R Deduction (\$169.27 Se-
mi-Monthly)

SUBTOTAL of Receipts This Page (optional)

496.80

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Gary E. Hughes

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Executive Vice Pres & General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2973.73

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR771358212234

Amount of Each Receipt this Period

270.34

P/R Deduction (\$135.17 Se-
mi-Monthly)

Full Name (Last, First, Middle Initial)

B. Ms. Linda H. Cunningham

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Vice President, Conference Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR771362412234

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Sem-
i-Monthly)

Full Name (Last, First, Middle Initial)

C. Ms. Roberta B. Meyer

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Assoc. General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR771362712234

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Sem-
i-Monthly)

SUBTOTAL of Receipts This Page (optional)

390.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. John F. Dolan			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771365412234	
Mailing Address 101 Constitution Ave, NW Suite 700 West			Amount of Each Receipt this Period 40.00	
City	State	Zip Code		
Washington	DC	20001-2133		
FEC ID number of contributing federal political committee. C				
Name of Employer American Council of Life Insurers		Occupation Vice President, Media Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 440.00	P/R Deduction (\$20.00 Semi-Monthly)	
B. Full Name (Last, First, Middle Initial) Ms. Barbara A. Price			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771369012234	
Mailing Address 101 Constitution Avenue, NW Suite 700 West			Amount of Each Receipt this Period 50.26	
City	State	Zip Code		
Washington	DC	20001-2133		
FEC ID number of contributing federal political committee. C				
Name of Employer American Council of Life Insurers		Occupation VP, Legislative & Regulatory Informati		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 527.21	P/R Deduction (\$25.13 Semi-Monthly)	
C. Full Name (Last, First, Middle Initial) Mr. J. Bruce Ferguson			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771373212234	
Mailing Address 101 Constitution Avenue, NW Suite 700 West			Amount of Each Receipt this Period 233.22	
City	State	Zip Code		
Washington	DC	20001-2133		
FEC ID number of contributing federal political committee. C				
Name of Employer American Council of Life Insurers		Occupation Senior Vice President, State Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2565.43	P/R Deduction (\$116.61 Semi-Monthly)	

SUBTOTAL of Receipts This Page (optional)

323.48

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. Shawn Hausman

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Sr. Vice President, Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

471.01

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR771373512234

Amount of Each Receipt this Period

42.82

P/R Deduction (\$21.41 Sem-
i-Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. David M. Leifer

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Senior Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1191.74

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR771374012234

Amount of Each Receipt this Period

108.34

P/R Deduction (\$54.17 Sem-
i-Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. James D. Hall

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Senior Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR771374312234

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Sem-
i-Monthly)

SUBTOTAL of Receipts This Page (optional)

181.16

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. David R. Wentworth

Mailing Address 101 Constitution Avenue, NW
Suite 700 WestCity State Zip Code
Washington DC 20001-2133FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
InsurersOccupation
Vice President, Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR771376012234

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Sem-
i-Monthly)

Full Name (Last, First, Middle Initial)

B. Mr. C. Bryan Cox

Mailing Address 101 Constitution Avenue, NW
Suite 700 WestCity State Zip Code
Washington DC 20001-2133FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
InsurersOccupation
Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

471.23

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR771376812234

Amount of Each Receipt this Period

42.84

P/R Deduction (\$21.42 Sem-
i-Monthly)

Full Name (Last, First, Middle Initial)

C. Mr. John W. Mangan, CEBS

Mailing Address 101 Constitution Ave, NW
Suite 700City State Zip Code
Washington DC 20001-2133FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
InsurersOccupation
Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR771377112234

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Se-
mi-Monthly)

SUBTOTAL of Receipts This Page (optional)

302.84

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Donald G. Preston

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Managing Director, Reinsurance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1684.33

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR771386412234

Amount of Each Receipt this Period

153.12

P/R Deduction (\$76.56 Sem-
i-Monthly)

Full Name (Last, First, Middle Initial)

B. Ms. Kimberly Dorgan

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Executive Vice President, Federal Rela

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3586.44

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR771395112234

Amount of Each Receipt this Period

326.04

P/R Deduction (\$163.02 Se-
mi-Monthly)

Full Name (Last, First, Middle Initial)

C. Mr. John Pearson

Mailing Address 10075 Red Run Boulevard

City State Zip Code
Owings Mills MD 21117-4865

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baltimore Life Insurance
Company

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR771402612234

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Wee-
kly)

SUBTOTAL of Receipts This Page (optional)

579.16

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial) Ms. Olivia Gillis Mailing Address 101 Constitution Ave, NW Suite 700 City Washington State DC Zip Code 20001-2133 FEC ID number of contributing federal political committee. C Name of Employer American Council of Life Insurers Occupation Senior Editor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771408112234 Amount of Each Receipt this Period 20.00 P/R Deduction (\$10.00 Semi-Monthly)
B. Full Name (Last, First, Middle Initial) Ms. Sheila M. Ziegler Mailing Address 101 Constitution Ave, NW Suite 700 City Washington State DC Zip Code 20001-2133 FEC ID number of contributing federal political committee. C Name of Employer American Council of Life Insurers Occupation Executive Secretary, Office of the Gene Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 289.97			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771412112234 Amount of Each Receipt this Period 26.36 P/R Deduction (\$13.18 Semi-Monthly)
C. Full Name (Last, First, Middle Initial) Mr. Morris Goff Mailing Address 101 Constitution Avenue, NW Suite 700 West City Washington State DC Zip Code 20001-2133 FEC ID number of contributing federal political committee. C Name of Employer American Council of Life Insurers Occupation Vice President, Federal Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 879.78			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771419312234 Amount of Each Receipt this Period 79.98 P/R Deduction (\$39.99 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)

126.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial) Frank Keating Mailing Address 101 Constitution Avenue, NW Suite 700 West City Washington State DC Zip Code 20001-2133 FEC ID number of contributing federal political committee. C Name of Employer American Council of Life Insurers Occupation President & CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 4583.26		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771419712234 Amount of Each Receipt this Period 416.66 P/R Deduction (\$208.33 Semi-Monthly)
B. Full Name (Last, First, Middle Initial) Mr. Michael J. Hunter Mailing Address 101 Constitution Avenue, NW Suite 700 West City Washington State DC Zip Code 20001-2133 FEC ID number of contributing federal political committee. C Name of Employer American Council of Life Insurers Occupation Executive Vice President & COO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 4583.26		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771419812234 Amount of Each Receipt this Period 416.66 P/R Deduction (\$208.33 Semi-Monthly)
C. Full Name (Last, First, Middle Initial) Brenda Nation Mailing Address 101 Constitution Avenue, NW Suite 700 West City Washington State DC Zip Code 20001-2133 FEC ID number of contributing federal political committee. C Name of Employer American Council of Life Insurers Occupation Senior Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771419912234 Amount of Each Receipt this Period 100.00 P/R Deduction (\$50.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)

933.32

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial) Ms. Nancy Smith Mailing Address 101 Constitution Avenue, NW Suite 700 West City Washington State DC Zip Code 20001-2133 FEC ID number of contributing federal political committee. C Name of Employer American Council of Life Insurers Occupation Executive Assistant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 330.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771420012234 Amount of Each Receipt this Period 30.00 P/R Deduction (\$15.00 Semi-Monthly)
B. Full Name (Last, First, Middle Initial) Mr. Daniel J. Mahoney Mailing Address 101 Constitution Avenue, NW Suite 700 West City Washington State DC Zip Code 20001-2133 FEC ID number of contributing federal political committee. C Name of Employer American Council of Life Insurers Occupation Vice President, Communications Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1251.35		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771420912234 Amount of Each Receipt this Period 113.76 P/R Deduction (\$56.88 Semi-Monthly)
C. Full Name (Last, First, Middle Initial) Ms. Debra K. West Mailing Address 101 Constitution Avenue, NW Suite 700 West City Washington State DC Zip Code 20001-2133 FEC ID number of contributing federal political committee. C Name of Employer American Council of Life Insurers Occupation Senior Counsel & Director, Southern Re Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771421012234 Amount of Each Receipt this Period 100.00 P/R Deduction (\$50.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)

243.76

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Michael Lovendusky

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Assoc. General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR771421112234

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Ms. Katherine C. Smith

Mailing Address 101 Constitution Ave, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
PAC Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.05

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR771422912234

Amount of Each Receipt this Period

59.38

P/R Deduction (\$29.69 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Ms. Lisa Tate

Mailing Address 101 Constitution Avenue, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Associate General Counsel, Litigation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR771423212234

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)

159.38

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial) Ms. Nina Aponte			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 101 Constitution Ave, NW Suite 700			Transaction ID: PR771425312234	
City State Zip Code Washington DC 20001-2133			Amount of Each Receipt this Period <div>20.00</div>	
FEC ID number of contributing federal political committee. <div>C</div>				
Name of Employer American Council of Life Insurers		Occupation Senior Staff Accountant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>220.00</div>		
B. Full Name (Last, First, Middle Initial) Mr. John P. Gerni			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 101 Constitution Ave, NW Suite 700			Transaction ID: PR771428712234	
City State Zip Code Washington DC 20001-2133			Amount of Each Receipt this Period <div>110.42</div>	
FEC ID number of contributing federal political committee. <div>C</div>				
Name of Employer American Council of Life Insurers		Occupation Senior Legislative Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>1182.10</div>		
C. Full Name (Last, First, Middle Initial) Mr. Juan Carlos Scott			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 101 Constitution Ave, NW Suite 700 West			Transaction ID: PR771428812234	
City State Zip Code Washington DC 20001-2133			Amount of Each Receipt this Period <div>117.50</div>	
FEC ID number of contributing federal political committee. <div>C</div>				
Name of Employer American Council of Life Insurers		Occupation Senior Vice President, Federal Relatio		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>1292.50</div>		

P/R Deduction (\$10.00 Semi-Monthly)

P/R Deduction (\$55.21 Semi-Monthly)

P/R Deduction (\$58.75 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)

247.92

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial) David C. Turner		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771428912234 Amount of Each Receipt this Period 171.26	
Mailing Address 101 Constitution Ave, NW Suite 700 City Washington State DC Zip Code 20001-2133 FEC ID number of contributing federal political committee. C			
Name of Employer American Council of Life Insurers Occupation Sr. Vice President and Corp Sec. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1883.85		P/R Deduction (\$85.63 Semi-Monthly)	
B. Full Name (Last, First, Middle Initial) Miriam Krol		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771434012234 Amount of Each Receipt this Period 20.00	
Mailing Address 101 Constitution Ave, NW Suite 700 City Washington State DC Zip Code 20001-2133 FEC ID number of contributing federal political committee. C			
Name of Employer American Council of Life Insurers Occupation Senior Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00		P/R Deduction (\$10.00 Semi-Monthly)	
C. Full Name (Last, First, Middle Initial) Kynondo Lewis		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771439612234 Amount of Each Receipt this Period 19.16	
Mailing Address 101 Constitution Ave, NW Suite 700 City Washington State DC Zip Code 20001-2133 FEC ID number of contributing federal political committee. C			
Name of Employer American Council of Life Insurers Occupation Senior Legal Editor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.77		P/R Deduction (\$9.58 Semi-Monthly)	

SUBTOTAL of Receipts This Page (optional)

210.42

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Alane R. Dent

Mailing Address 101 Constitution Ave, NW
Suite 700City State Zip Code
Washington DC 20001-2133FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
InsurersOccupation
Vice President, Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

536.80

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR771444312234

Amount of Each Receipt this Period

48.80

P/R Deduction (\$24.40 Sem-
i-Monthly)

Full Name (Last, First, Middle Initial)

B. T. Scott Dixon

Mailing Address 101 Constitution Avenue NW
Suite 700 WestCity State Zip Code
Washington DC 20001-2133FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
InsurersOccupation
Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR771444912234

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Sem-
i-Monthly)

Full Name (Last, First, Middle Initial)

C. Mr. Andrew Melnyk

Mailing Address 101 Constitution Avenue NW
Suite 700City State Zip Code
Washington DC 20001-2133FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
InsurersOccupation
Director, Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.77

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR771445812234

Amount of Each Receipt this Period

28.16

P/R Deduction (\$14.08 Sem-
i-Monthly)

SUBTOTAL of Receipts This Page (optional)

116.96

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial) Ms. Julie A. Spiezio			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771449612234	
Mailing Address 101 Constitution Avenue NW Suite 700			Amount of Each Receipt this Period 50.00	
City Washington State DC Zip Code 20001-2133		FEC ID number of contributing federal political committee. C		
Name of Employer American Council of Life Insurers		Occupation Senior Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00		
B. Full Name (Last, First, Middle Initial) Mr. John K. Bruins			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771450112234	
Mailing Address 101 Constitution Avenue NW Suite 700			Amount of Each Receipt this Period 26.00	
City Washington State DC Zip Code 20001-2133		FEC ID number of contributing federal political committee. C		
Name of Employer American Council of Life Insurers		Occupation Senior Actuary		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 286.00		
C. Full Name (Last, First, Middle Initial) Mr. Raymond J. Hazel			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR796887912234	
Mailing Address 7 Daydilly Court			Amount of Each Receipt this Period 60.00	
City Wilmington State DE Zip Code 19808-1951		FEC ID number of contributing federal political committee. C		
Name of Employer London Life Reinsurance Company		Occupation VP Finance, & CFO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 380.00		

P/R Deduction (\$25.00 Semi-Monthly)

P/R Deduction (\$13.00 Semi-Monthly)

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

136.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mrs Monica M Hainer

Mailing Address 130 Wentworth Drive

City State Zip Code
 Lansdale PA 19446-1671

FEC ID number of contributing
federal political committee.

C

Name of Employer
London Life Reinsurance
Company

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

513.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR798114412234

Amount of Each Receipt this Period

82.00

P/R Deduction (\$27.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Maurice Perkins

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
 Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Vice President, Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1503.27

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR805149112234

Amount of Each Receipt this Period

136.66

P/R Deduction (\$68.33 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Mr. Wayne Mehlman

Mailing Address 101 Constitution Avenue, NW
Suite 700

City State Zip Code
 Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Counsel, Insurance Regulation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR904819512234

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)

268.66

TOTAL This Period (last page this line number only)

9205.20

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 36

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial) Ohio National Life PAC		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 7	
Mailing Address One Financial Way		Transaction ID: 22133424	
City State Zip Code Cincinnati OH 45242	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C C00296657			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 5000.00		
B. Full Name (Last, First, Middle Initial) CUNA Mutual PAC		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address P.O. Box 747		Transaction ID: 22230041	
City State Zip Code Madison WI 53701	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C C00402107			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

6000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Melissa Bean For Congress

Mailing Address Post Office Box 3068

City State Zip Code
Barrington IL 60010

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Melissa Bean

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 8

Transaction ID: 22256669

Date of Disbursement

11 / 15 / 2007

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Berkley For Congress

Mailing Address P.O. Box 636

City State Zip Code
Annandale VA 22003

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Shelley Berkley

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NV District: 1

Transaction ID: 22074908

Date of Disbursement

11 / 15 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Castle Campaign Fund

Mailing Address P.O Box 133

City State Zip Code
Wilmington DE 19899

Purpose of Disbursement

011
Category/
Type

Candidate Name
Michael Castle

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: DE District: 1

Transaction ID: 22256578

Date of Disbursement

11 / 15 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Congressional Black Caucus PAC

Mailing Address 509 C Street, NE

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 22074911

Date of Disbursement

11 / 15 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. The Elizabeth Dole Committee

Mailing Address 421 Fayetteville St Mall
Suite 1111

City
Raleigh

State
NC

Zip Code
27601

Purpose of Disbursement

Candidate Name
Elizabeth Dole

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 1

Transaction ID: 22074907

Date of Disbursement

11 / 15 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Enzi For U.S. Senate

Mailing Address 1735 Sheridan Ave #233
P.O. Box 2656

City
Cody

State
WY

Zip Code
82414

Purpose of Disbursement

Candidate Name
Sen. Michael Enzi

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: WY District: 2

Transaction ID: 22256502

Date of Disbursement

11 / 15 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Garrett for Congress

Mailing Address P.O. Box 905

City
Newton

State
NJ

Zip Code
07860

Purpose of Disbursement

011
Category/
Type

Candidate Name
Scott Garrett

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 5

Transaction ID: 22256628

Date of Disbursement

11 / 15 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Maloney For Congress

Mailing Address 110 D Street, SE

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Carolyn Maloney

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 14

Transaction ID: 22074909

Date of Disbursement

11 / 15 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Jon Porter for Congress

Mailing Address P.O. Box 26087

City
Las Vegas

State
NV

Zip Code
89126

Purpose of Disbursement

011
Category/
Type

Candidate Name
Jon Porter

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NV District: 3

Transaction ID: 22256155

Date of Disbursement

11 / 15 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 29 / 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. South Dakota First PAC

Mailing Address 122 Maryland Ave, NE

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 22256688

Date of Disbursement

11 / 15 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Citizens for Arlen Specter

Mailing Address 203 Maryland Ave, NE

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement

Candidate Name
Arlen Specter

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 1

Transaction ID: 22409025

Date of Disbursement

11 / 28 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. American Council of Life Insurers

Mailing Address 101 Constitution Ave, NW
Suite 700

City
Washington

State
DC

Zip Code
20001

Purpose of Disbursement
In-kind for room rental, coffee service,

Candidate Name
Mr. Steve Stivers

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 15

Transaction ID: 22402679

Date of Disbursement

11 / 27 / 2007

Amount of Each Disbursement this Period

250.00

In-kind for room rental,
coffee service, and use
of corporate resources for
meet and greet event

SUBTOTAL of Disbursements This Page (optional)

3750.00

TOTAL This Period (last page this line number only)

14750.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kip Averitt Campaign Committee

Mailing Address P.O. Box 20638

City
Waco

State
TX

Zip Code
76702

Purpose of Disbursement
Kip Averitt, STATE SENATE 22nd TX

Candidate Name
Kip Averitt

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 22

Transaction ID: 22255580

Date of Disbursement

11 / 15 / 2007

Amount of Each Disbursement this Period

500.00

Kip Averitt, STATE SENATE
22nd TX

Full Name (Last, First, Middle Initial)

B. Kim Brimer Campaign

Mailing Address 1600 W. 7th Street
Suite 650

City
Ft. Worth

State
TX

Zip Code
76102

Purpose of Disbursement
Kim Brimer, STATE SENATE 10th TX

Candidate Name
Kim Brimer

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 10

Transaction ID: 22255586

Date of Disbursement

11 / 15 / 2007

Amount of Each Disbursement this Period

500.00

Kim Brimer, STATE SENATE
10th TX

Full Name (Last, First, Middle Initial)

C. Bill Brown for Senate 2010

Mailing Address 424 South Elm Place

City
Broken Arrow

State
OK

Zip Code
74012

Purpose of Disbursement
Bill Brown, STATE SENATE 36th OK

Candidate Name
OK Sen. Bill Brown

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: OK District: 36

Transaction ID: 22230049

Date of Disbursement

11 / 12 / 2007

Amount of Each Disbursement this Period

350.00

Bill Brown, STATE SENATE
36th OK

SUBTOTAL of Disbursements This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bill Brown for Senate 2010

Mailing Address 424 South Elm Place

City Broken Arrow State OK Zip Code 74012

Purpose of Disbursement
Void - Printing Error

Candidate Name
OK Sen. Bill Brown

Office Sought: ☐ House
☒ Senate
☐ President

State: OK District: 36

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 22230052

Date of Disbursement

11 / 12 / 2007

Amount of Each Disbursement this Period

-350.00

Void - Printing Error

Full Name (Last, First, Middle Initial)

B. Bill Brown for Senate 2010

Mailing Address 424 South Elm Place

City Broken Arrow State OK Zip Code 74012

Purpose of Disbursement
Bill Brown, STATE SENATE 36th OK

Candidate Name
OK Sen. Bill Brown

Office Sought: ☐ House
☒ Senate
☐ President

State: OK District: 36

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 22230374

Date of Disbursement

11 / 12 / 2007

Amount of Each Disbursement this Period

350.00

Bill Brown, STATE SENATE
36th OK

Full Name (Last, First, Middle Initial)

C. Burrage for Senate 2010

Mailing Address P.O. Box 309

City Claremore State OK Zip Code 74018

Purpose of Disbursement
Sean Burrage, STATE SENATE 2nd OK

Candidate Name
OK Sen. Sean Burrage

Office Sought: ☐ House
☒ Senate
☐ President

State: OK District: 2

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 22230051

Date of Disbursement

11 / 12 / 2007

Amount of Each Disbursement this Period

750.00

Sean Burrage, STATE SENATE
2nd OK

SUBTOTAL of Disbursements This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. John Carona Campaign

Mailing Address P. O. Box 600035

City Dallas State TX Zip Code 75360

Purpose of Disbursement
John Carona, STATE SENATE 16th TX

Candidate Name
John Carona

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 16

Transaction ID: 22255587

Date of Disbursement

11 / 15 / 2007

Amount of Each Disbursement this Period

500.00

John Carona, STATE SENATE
16th TX

Full Name (Last, First, Middle Initial)

B. Duncan for Senator

Mailing Address P.O. Box 2309

City Lubbock State TX Zip Code 79408

Purpose of Disbursement
Robert Duncan, STATE SENATE 28th TX

Candidate Name
Senator Robert Duncan

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 28

Transaction ID: 22255588

Date of Disbursement

11 / 15 / 2007

Amount of Each Disbursement this Period

500.00

Robert Duncan, STATE SENA-
TE 28th TX

Full Name (Last, First, Middle Initial)

C. Craig Eiland for Representative

Mailing Address 2423 Market Street
Suite 1

City Galveston State TX Zip Code 77550

Purpose of Disbursement
Craig Eiland, STATE HOUSE 23rd TX

Candidate Name
Craig Eiland

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 23

Transaction ID: 22255590

Date of Disbursement

11 / 15 / 2007

Amount of Each Disbursement this Period

500.00

Craig Eiland, STATE HOUSE
23rd TX

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Elkins for State Representative

Mailing Address 16430 Koester Street

City
Houston

State
TX

Zip Code
77040

Purpose of Disbursement
Gary Elkins, STATE HOUSE 135th TX

Candidate Name
Representative Gary Elkins

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 13

Transaction ID: 22255591

Date of Disbursement

11 / 15 / 2007

Amount of Each Disbursement this Period

250.00

Gary Elkins, STATE HOUSE
135th TX

Full Name (Last, First, Middle Initial)

B. Troy Fraser Campaign Committee

Mailing Address P.O. Box 13243

City
Austin

State
TX

Zip Code
78711

Purpose of Disbursement
Troy Fraser, STATE SENATE 24th TX

Candidate Name
Troy Fraser

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 24

Transaction ID: 22255594

Date of Disbursement

11 / 15 / 2007

Amount of Each Disbursement this Period

500.00

Troy Fraser, STATE SENATE
24th TX

Full Name (Last, First, Middle Initial)

C. Kelly Hancock Campaign

Mailing Address P.O. Box 821349

City
North Richland Hil

State
TX

Zip Code
76182

Purpose of Disbursement
Kelly Hancock, STATE HOUSE 91st TX

Candidate Name
TX Rep. Kelly Hancock

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 91

Transaction ID: 22256028

Date of Disbursement

11 / 15 / 2007

Amount of Each Disbursement this Period

250.00

Kelly Hancock, STATE HOUSE
91st TX

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Northwest Oklahomans for Hickman 2008

Mailing Address P.O. Box 200

City Alva State OK Zip Code 73717

Purpose of Disbursement
Jeffrey Hickman, STATE HOUSE 58th OK

Candidate Name
OK Rep. Jeffrey Hickman

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OK District: 58

Transaction ID: 22230377

Date of Disbursement

11 / 12 / 2007

Amount of Each Disbursement this Period

250.00

Jeffrey Hickman, STATE HO-
USE 58th OK

Full Name (Last, First, Middle Initial)

B. Holland for Oklahoma

Mailing Address P.O. Box 521004

City Tulsa State OK Zip Code 74152

Purpose of Disbursement
Kim Holland, INSURANCE COMMISS. OK

Candidate Name
Ms. Kim Holland

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: OK District:

Transaction ID: 22132368

Date of Disbursement

11 / 07 / 2007

Amount of Each Disbursement this Period

1000.00

Kim Holland, INSURANCE CO-
MMISS. OK

Full Name (Last, First, Middle Initial)

C. Friends of Senator Jane Nelson

Mailing Address P.O. Box 608

City Grapevine State TX Zip Code 76099

Purpose of Disbursement
Jane Nelson, STATE SENATE 12th TX

Candidate Name
Senator Jane Nelson

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 12

Transaction ID: 22255941

Date of Disbursement

11 / 15 / 2007

Amount of Each Disbursement this Period

500.00

Jane Nelson, STATE SENATE
12th TX

SUBTOTAL of Disbursements This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of Ron Peterson 2008

Mailing Address P.O. Box 1615

City
Broken Arrow

State
OK

Zip Code
74013

Purpose of Disbursement
Ron Peterson, STATE HOUSE 80th OK

Candidate Name
OK Rep. Ron Peterson

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OK District: 80

Transaction ID: 22230375

Date of Disbursement

11 / 12 / 2007

Amount of Each Disbursement this Period

750.00

Ron Peterson, STATE HOUSE
80th OK

Full Name (Last, First, Middle Initial)

B. Solomans for Representative

Mailing Address P.O. Box 117284

City
Carrollton

State
TX

Zip Code
75011

Purpose of Disbursement
Burt Solomons, STATE HOUSE 65th TX

Candidate Name
Representative Burt Solomons

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 65

Transaction ID: 22256112

Date of Disbursement

11 / 15 / 2007

Amount of Each Disbursement this Period

250.00

Burt Solomons, STATE HOUSE
65th TX

Full Name (Last, First, Middle Initial)

C. Senfronia Thompson Campaign Committee

Mailing Address 1301 Travis
Suite 300

City
Houston

State
TX

Zip Code
77002

Purpose of Disbursement
Senfronia Thompson, STATE HOUSE 141st TX

Candidate Name
Senfronia Thompson

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 14

Transaction ID: 22255834

Date of Disbursement

11 / 15 / 2007

Amount of Each Disbursement this Period

250.00

Senfronia Thompson, STATE
HOUSE 141st TX

SUBTOTAL of Disbursements This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Leticia Van de Putte for Senator

Mailing Address 3718 Blanco Road
Suite 1

City San Antonio State TX Zip Code 78212

Purpose of Disbursement
Leticia Van de Putte, STATE SENATE 26th

Candidate Name
Senator Leticia Van de Putte

Office Sought: ☐ House
☒ Senate
☐ President

State: TX District: 26

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 22255872

Date of Disbursement

11 / 15 / 2007

Amount of Each Disbursement this Period

500.00

Leticia Van de Putte, STA-
TE SENATE 26th TX

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

8100.00